

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



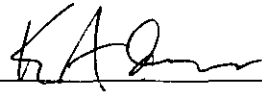
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="07605"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Kirk"/> <input type="text" value="Adams"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1313 L Street NW"/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20005"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="SEIU"/> Labor Organization File Number <input type="text" value="000-137"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1313 L Street NW"/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20005"/>
5. Position in labor organization. <input type="text" value="Chief of Staff"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text" value="5/10/06"/> Date	<input type="text" value="(202) 898-3200"/> Telephone Number

Name of Person Filing Kirk Adams	File Number U- 07605
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>America Votes/America Votes 2005</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>Suite 440</u> Street <u>888 16th Street NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>11.a. Nature of such dealing.</b> <u>SEIU contributed to and participated in America Votes, which is a broad based coalition that promotes voter registration, education and participation. SEIU contributed the amount in 11b to America Votes in 2005.</u> <b>11.b. Approximate dollar value of such dealing.</b> <u>\$2,150,000</u> <b>12.a. Nature of interest held or income received.</b> <u>My wife, Cecile Richards, was the President of America Votes and the President of America Votes 2005. She received a salary and expenses for her work as such in 2005 in the amount reported below.</u> <b>12.b. Amount.</b> <u>\$189,471</u>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>14.a. Nature of payment.</b> <u></u>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <u></u>